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HIV, AIDS and Security: Where are we now?

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HIV, AIDS and Security: Where are we now?ⁱ

Colin McInnes and Simon Rushton

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Abstract

HIV/AIDS is one of the greatest single causes of death and suffering on the planet. Over the last decade the societal impact of HIV/AIDS has been widely discussed in terms of national and international security. This article assesses this securitising move. We suggest that HIV/AIDS was at best only partially securitised, and that both the political consensus and strength of evidence were overestimated. We then present an argument for greater nuance in our understanding both of the link between HIV/AIDS and security, and of the effects of its securitisation, suggesting that neither are straightforward, and both are subject to case sensitivities.

Keywords: HIV, AIDS, security, UN Security Council, securitisation, conflict, military, state stability

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Introduction

Over the course of the past three decades, HIV/AIDS has emerged as one of the greatest single causes of death and suffering on the planet.ⁱⁱ The impact of the disease is not only on the lives, lifestyles and livelihoods of millions of individuals and their families, but on societies as well. Over the last decade in particular the societal impact of HIV/AIDS has been widely discussed in terms of national and international security. The key moment in this development was the UN Security Council (UNSC)'s meeting in January 2000, and its subsequent passing of Resolution 1308. The Security Council's intervention appeared to act as a catalyst, changing the way in which the disease was thought about. It seemed to establish a new consensus over the disease, raising its international profile and enhancing the possibilities for action to combat its impact and further spread.

This article is partly a retrospective assessment of this securitising move: ten years after UNSCR 1308, what has changed? In the first half of the decade there was a widespread assumption, reflected in both the International Relations literature and in statements by key policy makers, that HIV/AIDS had become well-established as an international security issue. We suggest that in fact the strength of the international consensus tended to be overstated; that within a few years the consensus over HIV/AIDS as a security issue seemed to have dissipated (not least in the Security Council); and that significant doubts had emerged over the evidence for the supposed links between HIV and security. In other words, we suggest that the securitising move made by the UNSC in 2000 was at best only partially successful. Although there are some examples where HIV/AIDS appears to have been framed as a security issue with possible policy implications, in other areas this move appears to have limited effect. After examining the manner in which this consensus was made and then broken we develop two arguments. First, we suggest that links between HIV/AIDS and security do exist, but that they are more complex than was believed ten years ago. The fears articulated

around the time of the Security Council's intervention – of militaries and conceivably whole states collapsing under the burden of the disease, and of the inexorable spread of HIV in areas of high conflict – were overstated, but risks are still present. Second, we examine the consequences of the attempt to securitise HIV/AIDS and suggest that although there have been a number of positive developments over the last decade many of these cannot be wholly explained by securitisation. Yet, at the same time, the tendency of some actors to treat HIV/AIDS as a security issue has created a number of new tensions.

Making a consensus: From Washington to New York

The idea that AIDS poses a potential threat to security has been around for a surprisingly long time. As early as 1987 - a time at which only 11 sub-Saharan African states had reported over 100 cases, and many of the states which now have the highest prevalence levels had still reported under 100 - a US Special National Intelligence Estimate examined the implications of the AIDS pandemic for the region in detail.ⁱⁱⁱ Whilst the report noted that much of the information about the disease's spread in Africa was at that stage 'anecdotal or based on small medical research programs lacking a strong epidemiological basis'^{iv} there were clear concerns about the strategic and security implications of AIDS. Those concerns focussed around two issues. The first was the now-common set of claims about the ways in which AIDS threatens the security and stability of states: its disproportionate effect on elites; the economic consequences of lost productivity, reduced tourism and long-term demographic change; the implications for military capabilities; and the possibility of regional tensions being heightened by the reaction of neighbours to a state with high prevalence levels. The second issue, now absent from the discourse around AIDS and security but reflective of the very different times in which the report was produced, was the effort apparently underway by the Soviet Union to use the pandemic to stir up anti-US sentiment in the region by disseminating the idea that 'the United States developed and caused the spread of AIDS' and 'exploiting black African

sensitivities to racism and so-called Western imperialism.^{iv} For both of these reasons, the report argued, US interests were at stake.

During the 1990s the AIDS-security linkage began to become more prominent in Washington policy circles, although some of those involved in pushing forward the case have complained that the Clinton Administration was somewhat slow on the uptake.^{vi} The argument was gaining ground nonetheless. A 1992 report published by the Institute of Medicine did much to dramatise the threats posed to the US by infectious diseases, including HIV/AIDS.^{vii} The same year a Department of State memorandum entitled *The Global AIDS Disaster: Implications for the 1990s* described AIDS as a 'time bomb' with severe economic, political and military ramifications.^{viii} Two years later Laurie Garrett's influential *The Coming Plague* put forward similar arguments.^{ix} A June 1996 Presidential Decision Directive called for a greater degree of coordination in the US government's response to the security threats posed by infectious diseases. As part of this effort the National Intelligence Council produced a National Intelligence Estimate on *The Global Infectious Disease Threat and Its Implications for the United States* (declassified in 2000). Although the report's scope was wider than HIV and AIDS, that was one of its key focuses. Many of the claims which had appeared in the 1987 CIA report were repeated, particularly the concerns about the impact on militaries (now seen to include international peacekeeping forces), social cohesion and the potential for conflict, and the possibility that 'disease-related embargoes and restrictions on travel and immigration will cause frictions among and between developed and developing countries'.^x

Reflecting these earlier discussions within the US, it was the Clinton Administration who were behind the first major push to forward the claim that AIDS is a security threat on the global stage. The key moment in this process came in January 2000 when, under the US presidency of the UNSC and during a month-long focus on Africa, the Council met to discuss the impact of AIDS on peace and

security in Africa. Richard Holbrooke, Clinton's Ambassador to the UN, played the central role in getting the issue onto the Council's agenda. Although he has dated his awareness of the security implications of AIDS back to a 1992 trip to Cambodia,^{xi} the immediate precursor to the UNSC's involvement was his visit to southern Africa in December 1999. He then set about persuading key figures in the US Administration and in the UN that AIDS should be discussed by the Council. In Washington he found a willing supporter in Al Gore, then-Vice President, who personally presided over the first Council session on the issue. There was, initially at least, more scepticism within the UN. Gwyn Prins quotes Senator Russ Feingold's recollection of a telephone conversation between Holbrooke and Kofi Annan in December 1999. Holbrooke demanded a Security Council session on HIV/AIDS. 'We can't do that' the Secretary-General reportedly replied 'AIDS isn't a security issue.'^{xii} Steve Sternberg, the original source of the story, said that 'The Security Council meeting, held in January 2000, would change that notion forever.'^{xiii}

Certainly Annan's own view seems to have rapidly changed. On 10 January 2000, less than a month after his sceptical telephone conversation with Holbrooke, the Secretary-General told the Security Council that 'it is entirely appropriate that the Council should be devoting its first session [of the new millennium] to the problem of AIDS.'^{xiv} Gore was even more clear in signalling the significance of what the Council was embarking upon. In his opening address he thanked the members of the Council for

their willingness to greet the dawn of this new millennium by exploring a brand-new definition of world security. Today marks the first time, after more than 4,000 meetings stretching back more than half a century, that the Security Council will discuss a health issue as a security threat. We tend to think of a threat to security in terms of war and

peace. Yet no one can doubt that the havoc wreaked and the toll exacted by HIV/AIDS do threaten our security.^{xv}

Later in the same discussion Gore argued that

AIDS is not just a humanitarian crisis. It is a security crisis -- because it threatens not just individual citizens, but the very institutions that define and defend the character of a society. This disease weakens workforces and saps economic strength. AIDS strikes at teachers, and denies education to their students. It strikes at the military, and subverts the forces of order and peacekeeping.^{xvi}

Many of those issues were discussed again later that year when the Security Council passed Resolution 1308 focusing on the threat HIV/AIDS posed to international peace and security. The Resolution argued that that the HIV/AIDS pandemic, if unchecked, 'may pose a risk to stability and security', that its spread was 'exacerbated by conditions of violence and insecurity' and expressed particular concerns over the risks to peacekeepers.^{xvii} The unanimous adoption of Resolution 1308 seemed to indicate a recognition (at least amongst the fifteen members of the Council) that AIDS constituted a security threat. Given the Security Council's status within the UN, and in world politics more broadly, its findings set the agenda for many of the subsequent debates around HIV/AIDS as a national security issue. Its actions in 2000 appeared to represent a powerful securitising move, framing HIV/AIDS as a threat to national and international security rather than as 'mere' development or public health problems. In doing so the UNSC could be seen to be acting as a policy entrepreneur both within the UN system (for example influencing actions of the Department of

Peacekeeping Operations and UNAIDS) and outside (for example the G8). The Council returned to the issue in 2001, 2003 and 2005. In the wider UN context interest in HIV/AIDS as a national security problem continued beyond this , with much of the work conducted by UNAIDS and the Department of Peacekeeping Operations, while in December 2004 infectious disease (including HIV/AIDS) was highlighted as a new 'biosecurity' threat by the High Level Panel on Threats, Challenges and Change established by the Secretary General.^{xviii}

It is possible, then, to interpret the UNSC's intervention as the critical move in constructing an international consensus around HIV/AIDS as a national security problem demanding international attention and action. This move rested on a series of arguments which, expressed in various ways, became the orthodox set of linkages which scholars and policymakers alike pointed to in arguing for attention to be paid to the AIDS-security nexus, specifically:

- (i) That uniformed militaries (including peacekeepers) were especially vulnerable to HIV and might act as agents in the spread of the disease. This argument was based on some empirical evidence, but more importantly on the identification of a range of risk factors specific to uniformed militaries.
- (ii) That state stability was at risk in high prevalence areas. Economies might be devastated by the disease, while the social fabric of a nation could be ripped apart.
- (iii) That conflict (including the post-conflict phase) created significant risks for the spread of HIV. There was some empirical evidence for this, as well as a range of readily identifiable risk factors.

HIV/AIDS was certainly moving rapidly up the agenda in the early 2000s, and a plethora of new policy initiatives emerged. Within a few months of Resolution 1308 came the adoption of the Millennium Development Goals (which explicitly included HIV/AIDS); the General Assembly conducted a Special Session on HIV/AIDS in June 2001; in 2002 the G8 established the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria; and in 2003 the Bush Administration launched the President's Plan for Emergency AIDS Relief (PEPFAR), by far the largest national initiative to combat the global effects of HIV/AIDS. The disease's profile was almost unprecedented for a health issue. There was a clear and widespread sense of emergency and an almost universally-recognised requirement for large-scale and sustained global action.

In this context it was natural that in the first half of the decade the Security Council's actions, with Resolution 1308 serving as the formal expression of its concern, were interpreted by many as a scene-changing intervention. Peter Piot, the Executive Director of UNAIDS, saw it as a 'milestone in the response to the epidemic.'^{xix} The AIDS-security linkage was seen in policy statements from major western governments and UN agencies; in academic articles, including establishment outlets such as *International Security* and the IISS; and statements and reports from a range of NGOs and civil society organisations. Many took the view that this created the potential to gain a much higher international profile (and as a consequence greater resources) for the pandemic.^{xx} Others, however, highlighted the possible dangers of treating AIDS as a security issue.^{xxi} Either way, all agreed that something really significant had happened.

Un-making a consensus: Doubts creep in

A decade on, the robustness of the consensus that HIV/AIDS is a security issue (and that it ought to be treated as such) seems somewhat less secure. Firstly, it is now clear that the degree of consensus was overstated from the beginning. There were doubts within the Council from the outset over the adoption of Resolution 1308, and subsequent actions both within and outside the Council have suggested that there is less than universal agreement on HIV/AIDS' status as a security issue. Secondly, there has been a re-examination of the evidence underpinning the linkages identified above. In many cases the evidence has been found wanting, or the connections have turned out to be more complex than was originally supposed (an issue which we return to in more detail in the following section). This uncertainty has in turn further undermined what agreement there was.

On the face of it, the unanimous adoption of Resolution 1308 would appear to be definitive evidence of a consensus (in the Council at least) on the major securitizing claims. Yet there is ample evidence to suggest that the Resolution was a controversial one which the US was required to skilfully steer through to adoption. Of the permanent members, Russia, China and France were all initially opposed to discussing HIV/AIDS in the Security Council, although they were ultimately persuaded to support the Resolution.^{xxii} Even the UK – the one permanent Council member that publicly backed the Resolution – had private qualms. In the final days of negotiation over the wording of the Resolution the UK Foreign and Commonwealth Office (FCO) was concerned about the danger of exceeding the Security Council's remit. A telegram from the FCO to the Mission in New York on July 13 noted that '[w]e remain concerned that the text as it stands does not obviously fall within the Security Council's competence. [text removed]. Nevertheless you should continue to support the US by shortening and amending the text.'^{xxiii} A similar message was included in the following day's telegram.^{xxiv} We also know that many of the countries who are the biggest contributors of troops to UN peacekeeping operations were opposed to the Resolution. The UK Mission's report on the July 17

meeting at which 1308 was adopted notes that 'Only four non-Council members spoke, perhaps reflecting the opposition of many troop contributors to the resolution.'^{xxv}

Despite these doubts Holbrooke was successful in overcoming this opposition. As always the US was able to exercise a large degree of influence over the Council. In this case, however, it was aided by the performance of Dr. Peter Piot, the Director of UNAIDS, who played an important and active role in the Council meetings and in the attempts to securitize HIV/AIDS more generally.^{xxvi} The US effort was also helped, no doubt, by HIV/AIDS' special status as a global issue. Few states would wish to be seen to oppose action to combat it. Certainly no state would want to bear the political costs of unilaterally blocking international attempts to address the pandemic. The adoption of Resolution 1308 was not, then, simply the result of a universal agreement on the securitising claims. Even in the US case it has become clear that the desire to get AIDS on the Security Council agenda was not solely a foreign policy consideration motivated by concerns over international security, but reflected a domestic agenda as well. US Vice President Al Gore saw the need to bolster support amongst the US HIV/AIDS community prior to the November Presidential election in which he was the Democratic candidate and saw the Security Council's discussions as a platform for this. Moreover the US Special Representative to the UN Richard Holbrooke, who had aspirations to be Gore's Secretary of State, saw this as an opportunity to enhance his own reputation on the international stage.^{xxvii}

In subsequent years, and certainly since 2005, the Security Council seems to have backed away from the AIDS issue. Although it was stated following Resolution 1308 that AIDS had become a 'core issue' for the Security Council,^{xxviii} it now seems to have dropped off the agenda entirely. The pattern established by the Council's 2001, 2003 and 2005 meetings on HIV/AIDS has not continued and there has been no formal Council discussion of HIV/AIDS since 2005. It may be that the Council felt that it had already achieved its goal of highlighting the scale of the problem and addressing the specific

issue relating to UN peacekeeping personnel. Yet the jettisoning of HIV from the Council agenda, coupled with a context in which the pandemic in Africa was getting no better,^{xxix} sends out some very awkward signals for proponents of the security discourse. Wallenstein and Johansson have noted that the Security Council at the turn of the millennium had begun to see 'security' in a wider context, resulting in 'thematic Resolutions' not only on HIV/AIDS but also on other issues such as women and children. But, they go on to argue, this virtually disappeared as a result of the increased attention on terrorism (and the resulting return to more 'traditional' security concerns) which followed the events of 11 September 2001.^{xxx} If this is so – and the record of Council resolutions post-2001 seems to support the claim – it may be that HIV/AIDS became the subject of a Security Council resolution not only due to the agency of Holbrooke and others but also because it happened to arise during a window of opportunity. The year 2000 was perhaps uniquely fertile soil for attempts to frame AIDS as a security issue.

Away from the Council, the signs of universal agreement on the securitising claims were scarcely more convincing. It is certainly the case that the security dimensions of HIV/AIDS have been a feature of policy statements from a variety of different sources, including states and multilateral bodies such as UNAIDS, the Global Fund and the G8. Yet it is questionable how many governments and agencies actually see and respond to the pandemic primarily in security terms. As we argue in the final section of this article below, security seems to have been only one of the motivations for the proliferation of global initiatives to tackle the AIDS problem. In many ways it appears to be less significant than others, perhaps most notably international development. Comparisons of the approaches taken by the US (the prime instigator of securitisation) and other states certainly suggest that security is not in all cases the dominant frame.^{xxxi}

The fragile agreement over HIV/AIDS as a security issue was further undermined by a second set of developments, namely concerns over the empirical evidence supporting the claims. As seen above, HIV/AIDS was first identified as a security threat by the policy community, in particular by intelligence agencies such as the CIA. In some cases, most notably the 1987 CIA report, the evidence on which the purported links were based was recognised by the authors themselves as being incomplete. By the middle of the decade which had begun with the high points of a Security Council discussion and Resolution 1308, doubts were beginning to be expressed in the academic community, not least by Tony Barnett of the LSE and Alex de Waal of Harvard, over the evidence supporting these claims. In an influential 2005 report to UNAIDS, circulated to members of the Security Council, Barnett with Gwyn Prins argued that: ‘Since the passage of Resolution 1308, year-on-year there has been an increasing flow of publication [sic] on the subject of AIDS and security... this is largely a literature of “inverted triangles”... balanced on narrow footings in terms of high quality hard evidence.’^{xxxii} For Barnett and Prins however, it was not simply the thin basis of evidence available, but the nature of that evidence and the way it had been used which was problematic. In particular they criticised the widespread use of ‘factoids’ in the literature on HIV and security: “‘Factoids’ are the intellectual viruses of quick and dirty synthetic studies. They are soft opinions that have hardened into “fact”. The term describes pieces of data that look credible at first glance but which are insecurely grounded in evidence. They achieve this status as a result of a form of pyramid selling by recycling through publications, grey literature and reports of meetings.’^{xxxiii} It may well be that the Barnett and Prins report bolstered the resolve of those who were opposed to it being on the Council agenda in the first place, but at the very least it posed awkward questions over the strength of the case made. Barnett’s work then focussed on the issue of HIV and state fragility. In a series of papers in the second half of the decade he developed a powerful critique of the link, suggesting that there was no direct relationship between high levels of HIV and state fragility.^{xxxiv} Meanwhile, in 2005 Alex de Waal presented a paper on ‘HIV/AIDS and the military’ to a seminar organised by the Netherlands Ministry of Foreign Affairs at the Clingendael Institute in The Hague. In this he argued that the

‘received wisdom’ concerning high HIV levels in the military required greater scrutiny.^{xxxv} De Waal’s scepticism was developed more fully the next year in an article with Alan Whiteside and Tsadkan Gebre-Tensae. Their conclusion was that ‘the oft-cited claim that soldiers have prevalence rates two to five times higher than the civilian population is unsustainable and should no longer be cited ... [and] there is remarkably little good evidence for conflict accelerating the spread of HIV/AIDS’.^{xxxvi} In the AIDS and security field, however, De Waal is perhaps best known for his leading role in the AIDS, Security and Conflict Initiative (ASCI).^{xxxvii} As lead author of its concluding 2009 report, de Waal brings together a wide range of field work, new data and reports commissioned by ASCI to critique the generalised assumptions of the early years of the decade:

[T]he agenda has moved from the general to the specific... earlier more alarmist relationships that were assumed to exist between national-level state security and HIV and AIDS are not borne out by the evidence.^{xxxviii}

De Waal is careful not to dismiss the link entirely however, instead arguing for an ‘intermediary [level of analysis] between macro-level assumptions and micro-level behavioural and biomedical approaches’.^{xxxix} Local government structures, which are often primarily responsible for directly delivering services to the population, may be more immediately affected by HIV/AIDS than national governments. Work on the case of South Africa, for example, has suggested that the ‘hollowing out’ of government capacity is starting to be felt in local municipalities.^{xl} Yet this insight has not to date been widely reflected in the debates over the securitisation of AIDS in either the policy or academic communities, both of which have tended to focus on national governments as crucial to the stability of states.

It is clear that the second half of the decade was marked by much more uncertainty over HIV/AIDS as a security issue. The apparent consensus over many of the claims which underpinned securitisation has come under strain both in academia and the policy world. What was originally seen as the securitisation of HIV/AIDS now appears more as a securitising move which has been at best only partially successful.

Building a New Consensus: Recognising complexity

What we suggest here however is that the picture emerging is not one of there being no link between HIV/AIDS and security, but rather that we require a more nuanced understanding of this link. Moreover we argue that the initial fears expressed over the security consequences of high HIV prevalence rates were overstated and not applicable in all circumstances. Again, what is needed is a better understanding, this time of the circumstances under which HIV can impact on national security. One of the most important reasons why the relationship between HIV and security is difficult to understand is that it is marked by complexity. This should have come as no surprise, since HIV is not one but many epidemics, its impacts manifesting in a diverse number of ways across different cultures and societies.^{xlii} Whereas much of the literature on HIV and security in the early part of the decade portrayed the epidemic as one event encompassed by a single, grand narrative, the reality appears considerably more diverse both with regard to the nature of the epidemic and, more especially, to its social consequences. It is only more recently that the complexity in the relationship between HIV and security has been addressed. To illustrate this we re-examine the three key linkages raised earlier in this article as central to linking HIV and security: prevalence rates in the uniformed services (including peacekeepers); the impact of high prevalence rates on state stability; and the link between conflict and the spread of HIV.

(i) *Prevalence rates in armed services*

At the time of UN Security Council Resolution 1308 in 2000, it was accepted wisdom that militaries in sub-Saharan Africa were subject to between two and five times the HIV prevalence rate of civilian populations, and that this impacted (or had the potential to impact) upon their operational capacity, thereby making it a national security issue.^{xliii} In 2005 however, UNAIDS admitted that 'little reliable information is available on levels of HIV infection among uniformed services. Few countries conduct systematic screening and public health surveillance systems are often weak'.^{xliii} Nevertheless, in 2006, UNAIDS again repeated its belief that militaries 'are at risk of contracting HIV, and that AIDS impacts on their effectiveness'.^{xliv} The claim that '[a]mong male population groups, military and police report the highest risk behaviour and number of partners' and that this 'can seriously affect military readiness' remains present on its website to this day.^{xlv}

Serious questions have been asked over the origins and generality of this assertion. The widely cited figure of two to five times higher prevalence appears to have originated in a single study from the early 1990s. As Whiteside and colleagues argue, 'While there was some evidence for this (with respect to HIV) in the early 1990s... it was uncritically accepted and repeated and is in fact demonstrably incorrect today [2006]'.^{xlvi} Although there are reasons why prevalence rates in armed forces might be higher than the civilian population, equally there were interventions available to the military which could reduce risk by raising awareness.^{xlvii} Depending on the success of these interventions, prevalence rates might vary considerably. Nor is a straightforward comparison between the adult civilian population and the armed forces satisfactory –age profile, location and socio-economic status are all potentially significant variables in terms of risk of infection. Militaries are generally not representative of the general population by any of these measures.^{xlviii} Crucially however, prevalence in the armed forces appears now to depend on a variety of factors including demography, structure, recruitment patterns, military ethos and training, delivery of awareness

programmes and access to condoms, alcohol and drug abuse, and the stage and nature of the epidemic.^{xlix}

Moreover even if the armed forces had a higher HIV prevalence, the impact upon operational effectiveness would vary depending on factors such as the availability of replacements, discipline, and the significance of other security forces to a given emergency (including police and private security companies). Nor is it apparent that the weakness of a state's armed forces is a causal agent in either internal or external aggression. It appears far more likely to be a contributory factor, and even then secrecy over combat readiness and HIV prevalence may limit the impression of weakness.ⁱ What this therefore suggests is that uniformed services (including peacekeepers) may be at greater risk under certain circumstances, and that high prevalence in the security forces may contribute to national security problems; but both are dependent on a wide range of variables rather than the simple causal relationship suggested at the beginning of the decade.

(ii) HIV and state stability

In his address to the UNSC's January 2000 session on HIV/AIDS, UN Secretary General Kofi Annan argued that 'AIDS is causing socio-economic crises which in turn threaten political stability.'ⁱⁱ The effects of the disease on economies and on governance were frequently highlighted by the UN and other commentators as potentially destabilising. For these commentators, economic decline due to high HIV prevalence may increase income inequalities and poverty, exacerbating or creating social and political unrest. Equally worrying was the unusually high prevalence of HIV amongst skilled professionals, including civil servants, teachers, police and health workers, which may threaten the institutions that make a state run effectively.ⁱⁱⁱ

Although it was perhaps understandable that a link be drawn between high prevalence and state instability in the early years of the decade – after all, state failure had been an international *zeitgeist* of the 1990s, and a set of risk factors were clearly identifiable – this link was clearly speculative since there had at that time been no example of a state failing due to high HIV prevalence. Nor has there ten years on. Indeed, there is a noticeable *lack* of a correlation between those states with the highest levels of HIV in Africa, and those which are most fragile.^{liii} Although Laurie Garrett has pointed out that the extended event horizon of the disease means that the full social and economic impact may be seen in decades not months or years,^{liv} with the epidemic well into its third decade in Africa there seems to be little sign yet of states failing because of HIV. One of the major findings of the ASCI project was that there was no direct causal linkage between HIV and state fragility. Indeed, it was argued that the use of the concept of ‘state fragility’ may actually undermine the effectiveness of international responses: ‘fragile states’ are not all fragile in the same way, or for the same reasons. Attempts to address HIV/AIDS must therefore recognise this diversity.^{lv}

Yet clearly high HIV prevalence creates the potential for negative economic and social impacts in some of the weakest states on earth. How then can we explain the apparent absence of a link between HIV and state failure? UNAIDS have suggested that the link is indirect, combining with or exacerbating other factors more obviously associated with state instability,^{lvi} while in their Jaipur paradigm Barnett and Whiteside offer a more subtle understanding of the link suggesting that it is only if such states also have *both* low social cohesion *and* high levels of poverty/unequal distribution of wealth that they may be at high risk of instability.^{lvii} Other factors may also explain the poor correlation. These include the ability of states or the international community to respond, not least through aid or the provision of anti-retroviral therapies (ARTS); that the effect of HIV may be felt at the local or community level, but failure at this level is not usually considered in measures of state

stability; that unpaid labour costs (especially women and children) tend not to be included in macro-economic analyses of state performance; and that state failure indices focus on short to medium term changes, not long term ones.^{lviii} In 2006 Whiteside et al concluded

The HIV/AIDS epidemic erodes institutional capacity, creates poverty and despair and intensifies dependence on international aid. These are all serious pressures which jeopardize the development of sound democratic governance and can intensify crisis.^{lix}

What has become apparent is that we do not fully understand whether and how this can lead to state failure.

(iii) Conflict and the spread of HIV^{lx}

As Stefan Elbe wrote in 2002, 'armed conflicts and their participants constitute an important vector of HIV/AIDS, a virus responsible for killing more than ten times as many people in Africa as the conflicts themselves.'^{lxi} Similarly a US Institute for Peace report baldly stated that 'no one denies the role of conflict in the spread of the virus'.^{lxii} Perhaps most significant however was the endorsement of the UN and especially the Security Council. In the preamble to Resolution 1308, the Security Council argued that the spread of HIV was 'exacerbated by conditions of violence and insecurity'.^{lxiii} Evidence for this link originated from several years earlier. In particular the first major epidemic of HIV and AIDS, in Uganda, coincided with the invasion of that country.^{lxiv} Moreover more general conclusions were drawn from sub-Saharan Africa being an area of high instability and conflict during the 1970s and 1980s when HIV began to spread.^{lxv} Reasons offered for this link included: high HIV

prevalence amongst uniformed services which come into greater contact with civilian populations during conflict; human migration to avoid conflict and their return post-conflict; changes in sexual behaviour, especially increased sexual violence towards women; the impact of conflict upon health provision; and risks which emerge post-conflict, especially with regard to peacekeepers and human mobility.^{lxvi}

By the middle years of this decade however, further research suggested that the links were more complex than first imagined.^{lxvii} Some long conflicts demonstrated little change in HIV prevalence, while others saw prevalence actually reduce, suggesting that conflict might in some circumstances act as a 'brake' on the spread of the disease. Not least, if conflict isolated a region and reduced the ability of people to move freely, then one of the most significant vectors for the spread of the disease – human mobility – is directly affected. The case of Angola appeared particularly interesting in this respect. UNAIDS commented that 'largely due to the internal armed conflict, the Angolan HIV prevalence appears considerably lower than in neighbouring countries. This suggests that the restricted mobility as a result of the conflict may have slowed the spread of HIV in the country.'^{lxviii} Similarly in Burundi, prevalence rates actually fell in the capital during the period of conflict.^{lxix} Initially such cases could be presented as exceptions, but as more evidence emerged of lower HIV rates in conflicts, so the picture became even less clear.^{lxx} In a major article in 2007, Paul Spiegel (the senior HIV officer at UNHCR) and colleagues argued that

there is insufficient evidence that HIV transmission increases in populations affected by conflict. Furthermore, there are insufficient data to conclude that refugees fleeing conflict have a higher prevalence of HIV infection than do their surrounding host communities... past assumptions that conflict and displacement increase prevalence of HIV infection were made from a

few surveys, some of questionable quality and others with biased interpretation of results^{lxxi}

Nevertheless even Spiegel et al were unwilling to deny a possible link between conflict and HIV: 'Displaced populations and those affected by conflict are clearly at risk of HIV transmission. Furthermore, to expect that incidence of HIV infection will be high in survivors of conflict and rape is understandable'.^{lxxii} The work of Spiegel and others suggested that the link between conflict and the spread of HIV was not straightforward.^{lxxiii} In particular, the reasons commonly offered for this link had begun to appear rather more nuanced and subject to variables than was originally believed,^{lxxiv} while the empirical evidence was highly varied – in some conflicts prevalence increased, but in others it remained the same or even dropped. Conflict did not automatically lead to increased prevalence but rather presented as a risk factor for the spread of HIV. The relationship was not straightforward but complex, and what was lacking was an explanation of when and how this risk factor translated into increased HIV prevalence. Just as HIV epidemics vary between different countries, so do conflicts. The extent to which conflict is a vector for HIV depends on the specificities of both the conflict and the epidemic in that state. This level of nuance was missing from the claims that were being made 10 years ago, and was missing from Resolution 1308.

The Mixed Effects of Securitising HIV/AIDS

If the above suggests that the relationship between HIV/AIDS and national security is more complex than originally suspected, this section examines the effect of the (partial) securitisation on policy responses and discusses how securitising HIV/AIDS may create new tensions. The desire to affect

policy responses was central to the securitising move: presenting HIV as a security issue was not simply a recognition of the dangers the epidemic posed for societies. It was also a deliberate attempt to change the way in which the disease was thought about, leading to different possibilities for action. Gwyn Prins for example has argued that the prime mover behind the Security Council's discussion of HIV in January 2000, the US Permanent Representative Richard Holbrooke, was motivated by a realisation that traditional approaches to disease rooted in medical and development paradigms were not working. By reframing HIV as a security issue, Holbrooke hoped to gain greater political attention and resources to combat the disease. Holbrooke was not alone at the time in seeing advantages in linking health to foreign and security policy.^{lxxv}

Yet the benefits of securitising health in general and HIV in particular now appear more complex and nuanced, and a number of potential downsides have been highlighted.^{lxxvi} Securitising HIV creates three particular areas of tension. The first concerns ethics and the extent to which the rights of the individual should be maintained over the rights and interests of society. Securitising HIV does something special here. In making HIV a security issue, a claim is being made that it is outside the realm of normal politics; and that as an extreme event it warrants extreme response measures, such as the suspension of certain civil liberties.^{lxxvii} So the tension created is whether the costs in terms of suspending rights are worth the benefits in terms of the public good; and the sharp point is over issues such as the mandatory testing of security forces for HIV. Second, securitising HIV may help to secure greater attention and resources, but the problem is whether in so doing it changes the priorities for resource allocation, away from those in need and towards political benefits. Third, considerable progress has been made in terms of how HIV and AIDS are perceived, and in particular with regard to the stigmatisation of people living with HIV or AIDS. Securitising HIV however might run the risk of creating a new form of stigma, namely that those living with the disease are not only health risks but security risks as well. In considering the extent to which security-based logics have

come to underpin national and international responses to HIV/AIDS, it is important to be vigilant for signs that these potential problems are becoming apparent.^{lxxviii}

However, any assessment of the extent to which claims about the extent to which links between HIV and security have influenced this is hampered by the problem of evidencing causation: what is being asked is not what has changed, but what has changed because of securitisation as opposed to other possible causes. Given the difficulties in evidencing the independent effects of securitization, assessments of the security frame's contribution to global responses to HIV and AIDS are necessarily somewhat impressionistic. Nevertheless, here we briefly examine the impact which the AIDS-security linkage has had on national and global responses, and highlight some of the areas in which tensions have arisen.

As it has been shown above, it was within US intelligence and security communities that the impetus to securitise AIDS first developed. It is no surprise therefore to find that it is within the US that security-based thinking has had the greatest policy purchase. A number of scholars have examined exactly how securitization has affected US policy approaches to HIV/AIDS and have argued that security concerns have been represented in PEPFAR, the centrepiece of US efforts to address AIDS.^{lxxix} Alan Ingram has described how the National Intelligence Council's concerns about the impact of AIDS in 'next-wave' states combined with a number of other factors (including criticisms of the US' lack of action on international development and lobbying by evangelical Christian groups and black congressional groups) to motivate President Bush's launching of PEPFAR.^{lxxx} A Council on Foreign Relations report argued that the linking of AIDS and security was crucial in building bipartisan support in Congress for PEPFAR, a foreign aid package of unprecedented size.^{lxxxi} Indeed the perceived benefits to US strategic interests are behind at least some of the backing PEPFAR

continues to receive in Congress. During the Senate's debate on the reauthorisation of PEPFAR in 2008 Senator Richard Lugar stated that

We should understand that our investments in disease prevention programs have yielded enormous foreign policy benefits during the last five years. PEPFAR has helped to prevent instability and societal collapse in a number of at-risk countries; it has stimulated contributions from other wealthy nations to fight AIDS; it has facilitated deep partnerships with a new generation of African leaders; and it has improved attitudes toward the United States in Africa and other regions. In my judgment, the dollars spent on this program can be justified purely on the basis of the humanitarian results that we have achieved. But the value of this investment clearly extends to our national security and to our national reputation.^{lxxxii}

There is evidence, however, that securitisation has not only bolstered overall support for PEPFAR, but that it has also affected the way in which money is spent. Ingram notes in his examination of PEPFAR in Nigeria that the Department of Defense plays a major implementation role through its work in support of the Nigerian military. For Ingram, this is an example of a broader trend in US policy in which militaries have come to be seen as 'strategic points at which to intervene against the pandemic while promoting security interests across the spectrum of national, international, global and human concerns.'^{lxxxiii} This is clearly reflected in the justification of Department of Defense's HIV/AIDS Prevention Program (DHAPP) which involves collaborating with other countries to combat HIV/AIDS amongst their militaries on the basis that doing so 'has clear ties to security interests, regional stability, humanitarian concerns, and peacekeeping efforts'.^{lxxxiv}

The involvement of the US military in efforts to combat HIV/AIDS has not been limited to its work with other national militaries. It has also brought potentially significant advances in other (perhaps less obvious) ways, and in some cases these may bring wider benefits. One example is vaccine research under the Department of Defense's US Military HIV Research Program.^{lxxxv} This captured global media attention when, in September 2009, results of a US Army backed (but Thailand-based) clinical trial of a prime-boost HIV vaccine regimen were released^{lxxxvi} which suggested that the tested regimen was 'modestly effective at reducing the rate of HIV infection.'^{lxxxvii} The US Army Surgeon-General's statement on the trial was striking, and highlighted some of the tensions which can arise when AIDS policy is linked to security policy. He said that

The Army will continue to be an aggressive sponsor and is committed to developing a globally effective HIV vaccine to protect US and allied troops from infection and to support the US National Security Strategy by reducing the global impact of the disease.^{lxxxviii}

Others have found that the targeting of US policy has been affected by geopolitical concerns in other ways. Denis Altman has explained Vietnam's inclusion as a PEPFAR 'Focus country' as 'part of a larger American détente with a former enemy'.^{lxxxix} Whilst in some ways distinct from a direct concern with national security, this example does suggest that wider foreign policy interests at least play a part in determining where PEPFAR money is spent.

In the US, then, where over the last two decades HIV/AIDS has become deeply embedded as a security issue there is evidence of securitisation having a genuine impact on policy. The key security institutions (the Department of Defense, the CIA, the National Intelligence Council and so on) recognise AIDS as being within their remit, and are taking steps to address it. Yet there has been little work which has demonstrated a comparable impact on the policies adopted by other countries, nor do the security policy institutions in other countries appear to have seized on the issue to the same extent. In the UK case, for example, addressing the global problem of HIV/AIDS falls clearly within the mandate of the Department for International Development (DFID) rather than the Foreign and Commonwealth Office or the Ministry of Defence. Indeed, the UK has created 'institutional and legal firewalls' to prevent security policy concerns from affecting DFID's work.^{xc}

What about those countries who find their own security potentially at risk as a result of high HIV prevalence levels? In some cases, as we have seen, states have implemented programmes (often with US Department of Defense support) to limit the impact of HIV/AIDS on their militaries. But states have not always taken the decisive action which might be expected of them: even some states which have a *prima facie* reason to be concerned about the security implications of HIV/AIDS have not made concerted efforts to address it. This includes some of the so-called 'next wave' states such as Russia and China which have been of considerable concern to the US security community.^{xc} Feshbach has argued in the case of Russia that HIV/AIDS is having some impact on the state, in particular its military forces, albeit as only as a contributory factor alongside larger problems of demographic trends and generally poor population health. The Russian military, he claims, rejects around 30% of potential conscripts on medical grounds each year. Whilst HIV ranks relatively lowly as a cause of rejection, dwarfed by 'mental disorders' and drug addiction, the figures suggest that it is a growing problem, and is also linked to high levels of Tuberculosis in the military.^{xcii} However, whilst Feshbach's report suggests that the Russian state is (belatedly) beginning to recognise these

problems as potential challenges to its future security^{xciii} action to address the problem (for example through the provision of ARTs) is still at an early stage of development. In short, the picture Feshbach presents is of a state which has begun to think about the problems poor health (of which HIV is one part) is posing to its security, but has not yet developed a sufficient sense of emergency to devote serious resources to combating it.

Global-level responses to HIV/AIDS have developed hugely in the last decade. The profile of the disease has increased markedly, as the proponents of securitisation hoped. In key bodies such as the UN and the G8 HIV (and Africa more generally) has become an important focus for political attention. HIV is sometimes referred to in these settings in security language, indicating that it is no longer solely seen only as a humanitarian or development issue and suggesting that securitisation has done at least some of the work in raising the political profile of the disease. In line with this increased profile, global spending to address HIV/AIDS has risen exponentially since 2000. According to UNAIDS, global financing for AIDS has increased more than ten-fold from 2000 to approximately US\$13.8 billion in 2008.^{xciv} Access to treatment has improved in the developing world, and the WHO's goal of 3 million people accessing antiretroviral therapy has finally been met (albeit not by the target date of 2005). In 2008 UNAIDS reported the first decline in AIDS deaths since the virus was first identified in the 1980s.^{xcv}

Despite this, it seems fair to conclude that the security-framing has only played a genuinely significant role in certain areas. Many of the most important global developments (including the Millennium Development Goals, the 2001 Declaration of Commitment on HIV/AIDS and the creation of the Global Fund) have not rested primarily on security considerations. Indeed one of the ironies of the attempts by Holbrooke and others to show that HIV is not 'merely' a development problem is

that it coincided with a resurgence in efforts to promote international development, expressed most concretely through the MDGs. Whilst it seems probable that the MDG targets will not be met by 2015, development itself has become a major focus of political attention, and a major motivator of international action. Closely related to this, there have been a number of international attempts to address the problems facing Africa as a continent, seen most clearly in set-piece events including the UNSC's month on Africa, during which HIV/AIDS was first discussed, and the Gleneagles G8 summit. HIV/AIDS has fed into both of these (linked) foci of attention. The lesson of the last decade may be that securitisation is not the only way of getting attention: 'developmentisation' may work too.

Conclusion

The deliberations of the UNSC in January 2000, followed by Resolution 1308 later that year, seemed to mark a change in the way in which HIV/AIDS was framed. Although the security risks of the HIV/AIDS pandemic had been previously identified, not least in the US, the actions of the Security Council appeared to mark the successful securitisation of the disease – that it was now recognised as a security risk of such national and international concern that it should be viewed differently from other emergencies and was worthy of exceptional actions. In this article however we have argued that this overestimated the political consensus behind the UNSC's actions, and suffered at the hands of critics in the middle and later years of the decade who outlined the lack of evidence for the assertions made. Thus by the middle years of the decade, the securitisation of HIV/AIDS looked fragile, lacking both political support and a strong evidentiary base. This does not however mean either that there is no link between HIV/AIDS and security, nor that the securitising move failed.

On the first of these points, it has become apparent that the links between HIV/AIDS and security are far from straightforward and greater nuance is required. Case sensitivities and intervening variables litter current understandings of the link. This demonstrates a much greater sophistication than was apparent a decade ago, and is also cause for some optimism over the societal effects of the disease – states are less likely to collapse because of the burden of HIV/AIDS, uniformed militaries and other security forces have less to fear from it in terms of their operational capabilities, and conflict does not automatically lead to the further spread of the disease. Some of the more dire predictions which were commonplace at the beginning of the last decade now appear overly alarmist. Nevertheless, the disease continues to spread with millions of new infections each year, and large areas of uncertainty persist over the long term consequences of this.

On the latter point, the HIV/AIDS case highlights the fact that securitisation is not a binary condition – there is a spectrum from failed, to partial to successful securitisation processes.^{xcvi} Neither are the results of a securitising move homogenous. Rather some actors have accepted HIV/AIDS' status as a security issue more readily than others. This variety may in part be a reflection of the disease itself, that its effects are not homogenous but diverse depending on context; but it also suggests that different actors (often at the level of ministries or even individuals) were more easily persuaded than others.

What then has been the effect of this partial securitisation? Some actions aimed at groups at risk have reflected security concerns. Considerable work has been done for example to educate militaries, including UN peacekeepers and disaster relief workers, on preventing HIV, much of which can be traced back directly to the (partial) securitisation of HIV. Nevertheless the overall impression of the impact of securitisation is one of disappointment. Despite the hopes expressed by many a decade ago, securitisation has not changed the course of the pandemic. Where it has had an effect it has mainly either been at the margins (eg educating the military) or a contributory factor in wider

developments (such as PEPFAR). Indeed HIV seems to some extent to have lost ground on the security agenda to other health issues. Pandemic influenza has become a more pressing concern for developed Western governments who find their own populations at risk from its uncontrollable cross-border spread. The threat of bioterrorism continues to worry the security community, and is a focus for major investment. The US has apparently spent between US\$50 billion and US\$60 billion on its biodefence programme since 9/11, more than the US\$48 billion authorised for PEPFAR for the five years from FY 2009 to FY 2013 (and considerably more than the US\$15 billion spent between FY 2004 and FY 2008). In a world where myriad health and non-health issues are competing for political priority AIDS' current high profile cannot be taken for granted. Securitisation may or may not be the most effective way of capturing the attention of policymakers, but the human and social costs of the disease mean that there is a clear need to keep AIDS firmly on the radar.

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ⁱⁱⁱ Central Intelligence Agency, 'Sub-Saharan Africa: Implications of the AIDS Pandemic'. SNIE 70/1-87. (1987, Approved for Release May 2001).

^{iv} CIA, 'Sub-Saharan Africa', p.1.

^v CIA, 'Sub-Saharan Africa', p.17.

^{vi} Kenneth Brown, quoted in Barton Gellman, 'The Belated Global Response to AIDS in Africa' *Washington Post*

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^{vii} Joshua Lederberg, Robert E. Shope & Stanley C. Oaks, Jr. (eds.), *Emerging Infections: Microbial Threats to Health in the United States* (Washington, DC: Institute of Medicine/National Academy Press, 1992).

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- ^{ix} Laurie Garrett, *The Coming Plague: Newly Emergent Diseases in a World Out of Balance* (New York: Farrar, Straus & Giroux, 1994).
- ^x National Intelligence Council, 'The Global Infectious Disease Threat and Its Implications for the United States', NIE 99-17D, (1999, released in January 2000).
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- ^{xii} Gwyn Prins, 'AIDS and global security' *International Affairs* vol.80:5, 2004), p.941. See also Harley Feldbaum, *The History of the HIV/AIDS-Security Nexus and its Impact on Global Health* PhD Theses, London School of Hygiene and Tropical Medicine (2008), especially chapter 5..
- ^{xiii} Steve Sternberg, 'Former diplomat Holbrooke takes on global AIDS', *USA Today* 10 June 2002.
- ^{xiv} S/PV.4087 (10 January 2000), p.4.
- ^{xv} S/PV.4087 (10 January 2000), p.2.
- ^{xvi} Vice President Al Gore, Statement in the Security Council on AIDS in Africa January 10, 2000, available at: http://www.un.int/usa/00_002.htm, accessed on 27 January 2006. Cited in Laurie Garrett, *HIV and National Security: Where are the Links?* (New York: Council on Foreign Relations, 2005), p.14.
- ^{xvii} UNSC Resolution [UNSCR] 1308, July 2000, p.2, available at http://www.un.org/Docs/sc/unsc_resolutions.html.
- ^{xviii} Report of the High Level Panel on Threats, Challenges and Change, *A More Secure World: Our Shared Responsibility* (New York: United Nations, 2004) pp.26-8. See also introductory comments by UN Secretary General Kofi Annan, especially paragraph 8. Available at: <http://www.un.org/secureworld> accessed 12 October 2005.
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- ^{xx} For example, Denis Altman, 'AIDS and Security', *International Relations* vol.17:4 (2003), pp.417-27; P.W. Singer, 'AIDS and International Security', *Survival* vol.44:1 (2002), pp.145-158.
- ^{xxi} For example, Marcella David, 'Rubber Helmets: The Certain Pitfalls of Marshaling Security Council Resources to Combat AIDS in Africa', *Human Rights Quarterly* vol.23 (2001), pp.560-82; Colleen O'Manique, 'The 'securitization' of HIV/AIDS in Sub-Saharan Africa: a critical feminist lens' in Sandra J. MacLean, David R. Black and Timothy M. Shaw (eds.), *A Decade of Human Security: Global Governance and New Multilateralisms* (London: Ashgate, 2006); Stefan Elbe, 'Should HIV/AIDS be securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security', *International Studies Quarterly* vol.50 (2006), pp.119-144.
- ^{xxii} Sternberg, 'Former diplomat Holbrooke takes on global AIDS'; Prins, 'AIDS and global security', p.941.
- ^{xxiii} Telegram from the FCO to the UK Mission to the UN in New York, 13 July 2000. Released to the author under the Freedom of Information Act 2000.
- ^{xxiv} 'We remain concerned that the resolution does not obviously fall within the Security Council's competence. We agree, therefore, that the statement [in the Security Council session] should be as short as possible.' Telegram from the FCO to the UK Mission to the UN in New York, 14 July 2000. Released to the author under the Freedom of Information Act 2000.
- ^{xxv} Telegram from the UK Mission to the UN in New York to the Foreign & Commonwealth Office, 17 July 2000. Released to the author under the Freedom of Information Act 2000.
- ^{xxvi} Alan Ingram, 'HIV/AIDS, security and US strategic interests in Nigeria', *Review of International Political Economy* 14:2 (2007), p.515.
- ^{xxvii} See Feldbaum, chapter 5. We are grateful to Harley Feldbaum for discussing this point further with us..
- ^{xxviii} UNAIDS, 'AIDS Now Core Issue at UN Security Council'. Press Release, January 19 2001.
- ^{xxix} It was only in the 2008 UNAIDS report on the global pandemic that for the first time indications of stabilisation were apparent in some African countries, though this was far from universally the case UNAIDS, *2008 AIDS Epidemic Update*.
- ^{xxx} Peter Wallensteen and Patrik Johansson, 'Security Council Decisions in Perspective' in David M. Malone (ed.), *The UN Security Council: From the Cold War to the 21st Century* (Boulder: Lynne Rienner, 2004).
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- ^{xxxii} Tony Barnett and Gwyn Prins, *HIV/AIDS and Security: Fact, Fiction and Evidence* Report to UNAIDS, 2005, p.7. Available at <http://www.lse.ac.uk/lseids>, last accessed 8 October 2009. A version of the report was also published (London: LSEAIDS, 2005)
- ^{xxxiii} Barnett and Prins, p.7. Though it should be noted that at least one of the major case studies used to exemplify this phenomenon by Barnett and Prins has subsequently been shown to have a rather more robust footing in the evidence than they find.

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^{xxxv} Alex de Waal, 'HIV/AIDS and the military', background paper to expert seminar and policy conference *AIDS, Security and Democracy*, Clingendael Institute, The Hague, 2-4 May 2005

^{xxxvi} Alan Whiteside, Alex de Waal and Tsadkan Gere-Tensae, 'AIDS, security and the military in Africa: a sober appraisal', *African Affairs* 105:409 (2006), p.216.

^{xxxvii} For details on ASCI, see <http://asci.researchhub.ssrc.org/rdb/asci-hub>, last accessed 11 November 2009.

^{xxxviii} ASCI, *HIV/AIDS, Security and Conflict: New Realities, New Responses* (2009), p.12. Available at <http://asci.researchhub.ssrc.org/rdb/asci-hub>, last accessed 11 November 2009.

^{xxxix} ASCI, *HIV/AIDS, Security and Conflict*, p.12

^{xl} Kondwani Chirambo & Justin Steyn AIDS and Local Government in South Africa: Examining the impact of an epidemic on Ward Councillors ASCI Research Report No. 25, February 2009.

^{xli} In 2006 for example, Whiteside et al identified five different types of HIV epidemic, each of which had different implications for prevalence rates in the military. Whiteside et al., 'AIDS, security and the military in Africa', p.208.

^{xlii} For example, UNAIDS *Technical Update: AIDS and the military, May 1998* (Geneva/New York, UNAIDS, 1998); UNAIDS *HIV/AIDS Prevention and Care among Armed Forces and UN Peacekeepers: the Case of Eritrea* (Geneva/New York, UNAIDS, 2003), p.8; National Intelligence Council, *The Global Infectious Disease Threat*; Lindy Heineken, 'Facing a merciless enemy: HIV/AIDS and the South African armed forces', *Armed Forces and Society* 29/2 (2003), p.784; Robert L. Ostergard Jr., 'Politics in the hot zone: AIDS and national security in Africa', *Third World Quarterly*, 23/2 (2002), p.343; International Crisis Group (ICG), *HIV/AIDS as a Security Issue* (Brussels: ICG, 2001), pp.9-13, p.ii

^{xliii} UNAIDS, *On the Front Line* 3rd edition, p.11.

^{xliv} UNAIDS Programme Co-ordinating Board, *AIDS, Security and Humanitarian Response* UNAIDS/PCB(19)/06.7 (2006), p.9.

^{xlvi} UNAIDS, 'Security and humanitarian response to AIDS'. Available at <http://www.unaids.org/en/PolicyAndPractice/SecurityHumanitarianResponse/default.asp>. Last accessed 13 November 2009.

^{xlvi} Whiteside et al., p.202.

^{xlvii} See Colin McInnes, 'HIV/AIDS and national security', in Nana K. Poku, Alan Whiteside and Bjorg Sandkjaer eds., *AIDS and Governance* (Aldershot, Ashgate, 2007), pp.93-114 and 'HIV/AIDS and security', *International Affairs* 82/2 (2006), pp.315-26.

^{xlviii} For example, HIV is far more prevalent in young adults which is the age range for the majority of the armed forces but not for the adult population as a whole. ASCI, *HIV, Security and Conflict*, p.34.

^{xlix} ASCI, *HIV, Security and Conflict*, p.33.

ⁱ de Waal, p.4. See also McInnes, 'HIV/AIDS and national security', pp 98-101.

^{li} UNSC Press Release SC/6781, p.1. See also Lee-Nah Hsu, *HIV subverts National Security* Report from UNDP South-East Asia HIV and Development Project, August 2001, p.5.

^{lii} For example, see UN Secretariat, *The Impact of AIDS*, Report by the Population Division, Department of Economic and Social Affairs, 2 September 2003 (New York: United Nations, 2003), pp.xiii and xiv and chapters 4 and 8; ICG, *HIV/AIDS as a Security Issue*, pp.9-13; Ostergard, p.344; S. Verstegen, *HIV/AIDS: Waking up to the Challenge* Working document prepared by Conflict Research Unit, Clingendael Institute for the Netherlands Ministry of Foreign Affairs Special Ambassador for HIV/AIDS, March 2005, pp.14-15; Mark Schneider and Michael Moodie, *The Destabilising Impact of HIV/AIDS* (Washington: Center for Strategic and International Studies, 2002), pp5-6. For an extensive review of the literature on the economic impact of HIV/AIDS, see Vinh-Kim Nguyen and Katherine Stovel, *The Social Science of HIV/AIDS: A Critical Review and Priorities for Action* Report Prepared by the Social Science Research Council Working Group on HIV/AIDS, October 2004, pp.22-38.

^{liii} ASCI, *HIV, Security and Conflict*, p.27, table 2.1.

^{liv} Laurie Garrett, *HIV and National Security: Where are the Links?* (New York: Council on Foreign Relations, 2005), p.21.

^{lv} Tony Barnett, *HIV/AIDS and State Fragility*. ASCI Synthesis Paper, 2009. Available at <http://asci.researchhub.ssrc.org/working-papers/ASCI%20Synthesis%20Paper%20State%20Fragility.pdf>

^{lvi} For example, UNAIDS, *AIDS, Security and Humanitarian Response*, p.8.

^{lvii} Tony Barnett and Alan Whiteside, 'The Jaipur Paradigm: a conceptual framework for understanding social susceptibility and vulnerability to HIV', *South African Medical Journal* 90 (2000), pp.1098-1101.

^{lviii} See for example ASCI, *HIV, Security and Conflict*, pp.24-7.

^{lix} Whiteside et al., p.216

^{lx} Our understanding of conflict here includes the post-conflict phase, where violence or the potential for violence still exists and reconstruction efforts have yet to return a state to 'normality'.

^{lxi} Stefan Elbe, 'HIV/AIDS and the changing landscape of war in Africa', *International Security* 27/2 (2002), p.174. See also for example Duane Bratt, 'Blue condoms: the use of international peacekeepers in the fight against AIDS', *International Peacekeeping* 9/3 (2002), p.72; Jeff Gow, 'The HIV/AIDS epidemic in Africa: implications for US policy', *Health Affairs* 21/3 (2002), p.65; Nancy B Mock, Samba Duale, Lisanne F Brown, Ellen Mathys, Heather C O'Maonaigh, Nina KL Abul-Husn and Sterling Elliott, 'Conflict and HIV: A framework for risk assessment to prevent HIV in conflict-affected settings in Africa', *Emerging Themes in Epidemiology* 1/6 (2004), , available open access from BioMed Central. Subsequent page references to Mock et al are from the open access version.

^{lxii} Timothy Docking, *AIDS and Violent Conflict in Africa* USIP Special Report 75 available at <http://www.usip.org>, p.7.

^{lxiii} UNSC Resolution [UNSCR] 1308, July 2000, p.2, available at http://www.un.org/Docs/sc/unsc_resolutions.html.

^{lxiv} Paul B. Spiegel, Anne Rygaard Bennedsen, Johanna Claas, Laurie Bruns, Njogu Patterson, Dieudonne Yiweza, Marian Schilperoord, 'Prevalence of HIV infection in conflict-affected and displaced people in seven sub-Saharan African countries', *The Lancet* 369 (June 2007), p.2191.

^{lxv} For example Spiegel et al p.2187; Gow, p.65.

^{lxvi} For a fuller discussion see Colin McInnes, 'Conflict, HIV and AIDS: a new dynamic in warfare?', *Global Change, Peace and Security* 21/1 (February 2009), pp.99-114.

^{lxvii} See for example Paul B. Spiegel, 'HIV/AIDS among conflict-affected and displaced populations: dispelling myths and taking action', *Disasters* 28 (September 2004), , p.323.

^{lxviii} UNAIDS, *On the Front Line* 3rd edition (Geneva: UNAIDS, 2005), p.26. See also UNAIDS, *Special Report on HIV Prevalence - AIDS Epidemic Update: December 2005* (Geneva: UNAIDS/WHO, 2005), p.24.

^{lxix} Spiegel et al, 'Prevalence of HIV infection' p.2192.

^{lxx} In 2005 for example, Alex de Waal argued that the evidence from other African conflicts (Sierra Leone, Sudan, Somalia, Uganda, northern Ethiopia and 'even' the DRC) was suggesting that far from conflict spreading HIV with a number of exceptions, the reverse might actually prove to be the norm. De Waal, p.8

^{lxxi} Spiegel et al, 'Prevalence of HIV infection' p.2192-3.

^{lxxii} Spiegel et al, 'Prevalence of HIV infection' p.2193.

^{lxxiii} See for example Nguyen and Stovel, p.12; Mock et al, pp.2-3.

^{lxxiv} For a discussion of this see McInnes, 'Conflict, HIV and AIDS'

^{lxxv} Prominent examples from the health community include Gro Harlem Brundtland (Director of the World Health Organisation), John Wyn Owen (Secretary of the UK health charity The Nuffield Trust) and Ken Shine (President of the US Institute of Medicine).

^{lxxvi} See for example Stefan Elbe, 'Should HIV/AIDS be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security', *International Studies Quarterly* 50:1 (March 2006)..

^{lxxvii} See for example Elbe, 'Should HIV be securitised?'.

^{lxxviii} Global Health Watch, 'Security and Health' in *Global Health Watch 2: AN Alternative Health Report* (London: Zed, 2008).

^{lxxix} For example Ricardo Pereira, 'PEPFAR as Counterinsurgency Technology: Project, Implementation, Subversion'. Paper Presented at the World Congress of Political Science, Santiago, Chile, July 12-16 2009.

^{lxxx} Ingram, 'HIV/AIDS, security and US strategic interests in Nigeria', pp. 523-4

^{lxxxi} Council on Foreign Relations, *More than Humanitarianism: A Strategic U.S. Approach Toward Africa*. Independent Task Force Report No.56. (New York: Council on Foreign Relations, 2006), p.65

^{lxxxii} Sen. Richard Lugar, 'Senate Floor Speech Highlights Humanitarian Duty to Reauthorize PEPFAR' (July 14 2008). Available at <http://lugar.senate.gov/press/record.cfm?id=300627&&>

^{lxxxiii} Ingram, 'HIV/AIDS, security and US strategic interests in Nigeria' p.525

^{lxxxiv} US Africa Command, 'HIV/AIDS Prevention Program Fact Sheet', May 2009.. Available at www.africom.mil/getArticle.asp?art=3589

^{lxxxv} <http://www.hivresearch.org/>

^{lxxxvi} Supachai Rerks-Ngarm et al., 'Vaccination with ALVAC and AIDSVAX to Prevent HIV-1 Infection in Thailand', *NEJM* 10.1056 (Oct 20 2009), pp.1-12.

^{lxxxvii} The statistical significance of the results was later called into question. Jon Cohen, 'Unrevealed Analysis Weakens Claim of AIDS Vaccine "Success"', *Science* October 5 2009.

^{lxxxviii} Lt. Gen. Eric Schoomaker quoted in Tiffany Holloway, 'US. Army sponsors first HIV vaccine trial to show some effectiveness in preventing HIV' (Sept 24 2009). Available at <http://www.army.mil/->

news/2009/09/24/27839-us-army-sponsors-first-hiv-vaccine-trial-to-show-some-effectiveness-in-preventing-hiv/

^{lxxxix} Denis Altman, *The Political Dimensions of Responses to HIV/AIDS in Southeast Asia*. ASCI Research Report No.5, April 2008, p.11.

^{xc} Ingram, 'Global Leadership and Global Health' p.395.

^{xcj} National Intelligence Council, *The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, and China* ICA 2002-04 D (September 2002).

^{xcii} Murray Feshbach, *Russian Demography, Health and the Military: Current and Future Issues*, ASCI Research Report, April 2008, p.14. Available at <http://asci.researchhub.ssrc.org/russian-demography-health-and-the-military-current-and-future-issues>

^{xciii} Feshbach, *Russian Demography, Health and the Military* p.6

^{xciv} UNAIDS, *2008 UNAIDS Annual Report: Towards Universal Access*. (Geneva: UNAIDS, 2008), p.42.

^{xcv} UNAIDS, *2008 UNAIDS Annual Report* p.9.

^{xcvi} Ole Waever, 'Securitisation: Taking stock of a research programme in Security Studies'. Unpublished manuscript, February 2003. Available at

http://media.fpn.bg.ac.yu/nacionalnaiglobalnabezbednost/03%20Socio%20konstruktivisticke%20teorije/03%20Literatura/Waever_2003_Securitisation_Taking_stock_of_a_research_programme_in_Security_Studies.doc